

2537

CERTIFICATE OF DEATH

REGISTRAR'S NO. 110

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Mesa

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 30 min 46 yr

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)

A. STATE Arizona

B. COUNTY Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Chandler

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rt 1, Box 38

3. NAME OF DECEASED

(TYPE OR PRINT)

A. (FIRST) JAMES

B. (MIDDLE)

CALLAWAY

C. (LAST)

MARTIN

4. SEX

M

5. COLOR OR RACE

White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH

MONTH DAY YEAR 2 1 81

8. AGE

YEARS MONTHS DAYS 69 3 5

IF UNDER 24 HOURS

HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)

Foreman

9B. KIND OF BUSINESS OR INDUSTRY

Cattle Co.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Texas

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

no

13. SOCIAL SECURITY NO.

none

14A. FATHER'S NAME

Arch Martin

14B. BIRTHPLACE (STATE OR COUNTRY)

Virginia

15A. MOTHER'S MAIDEN NAME

Cornelia Harding

15B. BIRTHPLACE (STATE OR COUNTRY)

Texas

16. INFORMANT'S SIGNATURE

James Arche Martin

ADDRESS

Chandler, Ariz.

17. DATE OF DEATH

(MONTH) (DAY) (YEAR) 5 6 1950

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRA

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a)

Fracture of Skull

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

45 min.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

Baseline Rd. & McClintock Dr. Tempe, Maricopa, Ariz

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5-6/1950 5:45pm

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Automobile collision

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-6-1950 TO 5-6-1950 THAT I LAST SAW THE DECEASED ALIVE ON 5-6-1950 AND THAT DEATH OCCURRED AT 6 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

M.D.

23B. ADDRESS

Mesa, Arizona

23C. DATE SIGNED

5-9/1950

24A. BURIAL CREMATION REMOVAL

24B. DATE

5-9/1950

24C. NAME OF CEMETERY OR CREMATORY

East Resthaven Park Cemetery, Phoenix, Ariz.

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

25A. DATE REC'D BY LOCAL REG.

5-10-50

25B. REGISTRAR'S SIGNATURE

J. Martin

26. FUNERAL DIRECTOR'S SIGNATURE

Meldrum Mortuary

Mesa, Ariz.

27. EMBALMER'S SIGNATURE

R. N. Daybell

CERT. NO.

228A